



# REGISTRATION FORM

Mail to: Aquatics PO Box 1952 Longview, TX 75606  
Fax to: 903.237.1389

## PARTICIPANT REGISTRATION INFORMATION

PARTICIPANT NAME(S)	BIRTH DATE	CLASS	DATES	POOL	FEE
Example: <i>WILLIE SWIM</i>	<i>5/9/89</i>	<i>LIFEGUARD RECERT</i>	<i>APR 30</i>	<i>LSC</i>	<i>\$60</i>
<b>TOTAL</b>					

## GUARDIAN OR PARTICIPANT INFORMATION

FIRST NAME		LAST NAME		DOB
STREET ADDRESS				
CITY		STATE	ZIP	
HOME PH		MOBILE PH		
E-MAIL ADDRESS				<i>Would you like to receive promotional emails?</i>
WHERE DO YOU INTEND TO WORK?				
HOW DID YOU HEAR ABOUT OUR PROGRAM?				
<p><b>PERSONAL RELEASE STATEMENT:</b> I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my actions and physical condition. I agree to indemnify and hold the City of Longview Parks and Recreation Department and its employees harmless from liability, loss, cost, or expense (including attorney's fees, medical, and ambulance costs) that may incur while participating in PARD activities. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned participant/guardian/parent.</p>				
SIGNATURE _____				DATE _____
(PARENT/GUARDIAN SIGNATURE if 17 or younger)				

## METHOD OF PAYMENT

<input type="checkbox"/> CHECK #	→ Check Payments Require →	DL#	DOB
<input type="checkbox"/> CASH	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> VISA <input type="checkbox"/> AM/EX <input type="checkbox"/> DISCOVER
CARD NUMBER		EXPIRATION DATE	
CARDHOLDER NAME (PRINT)		SIGNATURE	

*Refund Policy: If the refund request is made within two days prior to the start date, participants will be charged \$5.00 for refund requests. No refunds will be made on the day of class, or for participants that do not pass. All participant initiated refunds will have a \$5.00 administrative fee.*